

**MEDI-CAL  
NOVEMBER 2006  
LOCAL ASSISTANCE ESTIMATE  
for  
FISCAL YEARS  
2006-07 and 2007-08**

**BUDGET  
YEAR**

Fiscal Forecasting and Data Management Branch  
State Department of Health Services  
1501 Capitol Avenue  
Sacramento, CA 95814  
(916) 552-8550  
[www.dhs.ca.gov/ffdmb](http://www.dhs.ca.gov/ffdmb)

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2007-08

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>			
A. B/Y FFS BASE	\$16,080,106,950	\$8,040,053,470	\$8,040,053,470
B. B/Y NON-FFS BASE	\$13,958,789,000	\$8,453,907,500	\$5,504,881,500
C. BASE ADJUSTMENTS	-\$263,827,000	-\$261,052,500	-\$2,774,500
D. ADJUSTED BASE	<u>\$29,775,068,940</u>	<u>\$16,232,908,470</u>	<u>\$13,542,160,470</u>
<b>II. POLICY CHANGES</b>			
A. ELIGIBILITY	\$663,072,860	\$273,995,120	\$389,077,750
B. BENEFITS	\$677,632,590	\$515,960,750	\$161,671,850
C. PHARMACY	-\$1,345,174,700	-\$678,418,150	-\$666,756,550
D. MANAGED CARE	\$308,650,000	\$152,325,000	\$156,325,000
E. PROVIDER RATES	\$525,128,030	\$262,564,010	\$262,564,010
F. HOSPITAL FINANCING	\$3,501,382,000	\$2,864,987,500	\$636,394,500
G. SUPPLEMENTAL PMNTS.	\$655,372,000	\$471,936,000	\$183,436,000
H. OTHER	-\$108,820,740	-\$101,958,370	-\$6,862,370
I. TOTAL CHANGE	<u>\$4,877,242,030</u>	<u>\$3,761,391,850</u>	<u>\$1,115,850,180</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$34,652,310,980</u></u>	<u><u>\$19,994,300,320</u></u>	<u><u>\$14,658,010,660</u></u>

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
<b>ELIGIBILITY</b>				
1	FAMILY PLANNING INITIATIVE	\$462,177,000	\$311,632,200	\$150,544,800
2	BREAST AND CERVICAL CANCER TREATMENT	\$85,846,000	\$47,737,300	\$38,108,700
3	REDETERMINATION FORM SIMPLIFICATION	\$47,783,270	\$23,891,640	\$23,891,630
4	CHDP GATEWAY - PREENROLLMENT	\$17,549,000	\$11,406,850	\$6,142,150
5	BRIDGE TO HFP	\$8,104,000	\$5,267,600	\$2,836,400
6	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$2,500,000
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GRANT	\$5,154,110	\$2,577,060	\$2,577,060
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$3,088,780	\$2,007,710	\$1,081,070
9	MEDI-CAL TO HFP ACCELERATED ENROLLMENT	\$6,909,280	\$4,491,030	\$2,418,250
10	BCCTP RETROACTIVE COVERAGE	\$789,170	\$512,960	\$276,210
11	SB 437 - SELF-CERTIFICATION	\$20,672,260	\$10,336,130	\$10,336,130
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$16,581,150	-\$16,581,150
14	REFUGEES	\$0	\$2,378,000	-\$2,378,000
15	NEW QUALIFIED ALIENS	\$0	-\$167,324,500	\$167,324,500
16	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$663,072,870</b>	<b>\$273,995,120</b>	<b>\$389,077,750</b>
<b>BENEFITS</b>				
17	ADULT DAY HEALTH CARE - CDA	\$375,793,000	\$187,896,500	\$187,896,500
18	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$175,000,000	\$175,000,000	\$0
19	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$25,258,000
20	CONLAN V. BONTA	\$44,854,880	\$22,427,440	\$22,427,440
21	HUMAN PAPILLOMAVIRUS VACCINE	\$11,278,940	\$5,639,470	\$5,639,470
22	PRENATAL SCREENING EXPANSION	\$9,983,640	\$4,991,820	\$4,991,820
23	NF A/B WAIVER GROWTH	\$6,592,050	\$3,296,030	\$3,296,030
24	DENTAL RESTORATION DOCUMENTATION REQUIREMENTS	\$2,002,000	\$1,001,000	\$1,001,000
25	GENETIC DISEASE TESTING FEE INCREASE	\$3,054,830	\$1,527,420	\$1,527,420
26	FLUORIDE VARNISH	\$3,936,000	\$1,968,000	\$1,968,000
27	ELIMINATION OF PODIATRY TARS	\$199,400	\$99,700	\$99,700
28	NEW SERVICES FOR NF A/B, SUBACUTE & IHMC WAIVER	\$327,300	\$163,650	\$163,650
29	DENTAL HEALTH FOR CHILDREN	\$1,550,000	\$775,000	\$775,000
30	INDEP. PLUS SELF-DIR. SERV. WAIVER - CDDS	\$634,000	\$634,000	\$0
31	NEWBORN HEARING SCREENS EXPANSION	\$296,560	\$148,280	\$148,280
32	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,500,000	\$2,500,000
33	CLPP FUNDING FOR EPSDT LEAD SCREENS	\$0	\$0	\$0
34	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$97,189,950	-\$97,189,950
35	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$5,362,500	\$5,362,500
36	ADULT DAY HEALTH CARE REFORMS	-\$5,023,000	-\$2,511,500	-\$2,511,500
37	EXPANSION OF NF A/B WAIVER (SB 643)	-\$863,000	-\$431,500	-\$431,500
38	\$1800 DENTAL CAP FOR ADULTS	-\$2,500,000	-\$1,250,000	-\$1,250,000

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	<b>BENEFITS</b>			
	<b>BENEFITS SUBTOTAL</b>	<b>\$677,632,590</b>	<b>\$515,960,750</b>	<b>\$161,671,840</b>
	<b>PHARMACY</b>			
39	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	-\$570,000	\$570,000
40	NON FFP DRUGS	\$0	-\$268,000	\$268,000
41	DRUG REIMBURSEMENT REDUCTION	-\$88,000,320	-\$44,000,160	-\$44,000,160
42	MEDICAL SUPPLY CONTRACTING	-\$4,671,630	-\$2,335,820	-\$2,335,810
43	ENTERAL NUTRITION PRODUCTS	-\$8,385,400	-\$4,192,700	-\$4,192,700
44	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$3,626,350	-\$1,813,180	-\$1,813,170
45	AGED DRUG REBATE RESOLUTION	-\$8,000,000	-\$4,000,000	-\$4,000,000
46	FAMILY PACT DRUG REBATES	-\$32,690,000	-\$19,471,000	-\$13,219,000
47	STATE SUPPLEMENTAL DRUG REBATES	-\$380,809,000	-\$190,996,900	-\$189,812,100
48	FEDERAL DRUG REBATE PROGRAM	-\$818,992,000	-\$410,770,400	-\$408,221,600
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,345,174,700</b>	<b>-\$678,418,160</b>	<b>-\$666,756,550</b>
	<b>MANAGED CARE</b>			
52	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$161,000,000	\$78,500,000	\$82,500,000
55	RESTORATION OF PROVIDER PAYMENT DECREASE	\$132,986,000	\$66,493,000	\$66,493,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$5,500,000	\$2,750,000	\$2,750,000
61	PACE RATES AT 90% OF UPL	\$4,355,000	\$2,177,500	\$2,177,500
62	CAPITATION RATE INCREASES	\$2,220,000	\$1,110,000	\$1,110,000
63	QUALITY IMPROVEMENT ASSESSMENT FEE	\$2,589,000	\$1,294,500	\$1,294,500
64	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$308,650,000</b>	<b>\$152,325,000</b>	<b>\$156,325,000</b>
	<b>PROVIDER RATES</b>			
65	NF-B RATE CHANGES AND QA FEE	\$332,099,780	\$166,049,890	\$166,049,890
66	LTC RATE ADJUSTMENT	\$119,947,240	\$59,973,620	\$59,973,620
67	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$41,052,250	\$20,526,120	\$20,526,120
68	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$26,577,000	\$13,288,500	\$13,288,500
69	DME REIMBURSEMENT CHANGES	\$5,067,000	\$2,533,500	\$2,533,500
70	HOSPICE RATE INCREASES	\$11,276,640	\$5,638,320	\$5,638,320
71	MINIMUM WAGE INCREASE FOR LTC FACILITIES	\$8,650,860	\$4,325,430	\$4,325,430
72	NF A/B WAIVER CAP INCREASE	\$9,295,180	\$4,647,590	\$4,647,590
73	NF-B 2007-08 RATE CAP ADJUSTMENT	-\$28,837,920	-\$14,418,960	-\$14,418,960
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$525,128,030</b>	<b>\$262,564,010</b>	<b>\$262,564,010</b>
	<b>HOSPITAL FINANCING</b>			
74	HOSP FINANCING - DSH PMT	\$1,619,443,000	\$1,032,581,000	\$586,862,000
75	HOSP FINANCING - SAFETY NET CARE POOL	\$518,800,000	\$518,800,000	\$0
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$464,000,000	\$232,000,000	\$232,000,000
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$292,936,000	\$146,468,000	\$146,468,000
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN	\$56,093,000	\$56,093,000	\$0

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2007-08

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
<b><u>HOSPITAL FINANCING</u></b>				
79	HOSP FINANCING - CCS AND GHPP	\$72,784,000	\$72,784,000	\$0
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$29,212,000	\$14,606,000	\$14,606,000
81	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$8,480,000	\$8,480,000	\$0
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,898,000	\$1,949,000	\$1,949,000
83	HOSP FINANCING - HEALTH CARE COVERAGE	\$150,000,000	\$150,000,000	\$0
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$147,736,000	\$147,736,000	\$0
85	HOSP FINANCING - STABILIZATION FUNDING	\$138,000,000	\$69,000,000	\$69,000,000
86	HOSP FINANCING - BCCTP	\$0	\$0	\$0
87	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$414,490,500	-\$414,490,500
88	HOSP FINANCING - MIA LTC	\$0	\$0	\$0
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,501,382,000</b>	<b>\$2,864,987,500</b>	<b>\$636,394,500</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
90	CAPITAL PROJECT DEBT REIMBURSEMENT	\$104,872,000	\$52,436,000	\$52,436,000
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$125,000,000	\$0
92	IGT FOR NON-SB 1100 HOSPITALS	\$200,000,000	\$100,000,000	\$100,000,000
93	FFP FOR LOCAL TRAUMA CENTERS	\$44,000,000	\$22,000,000	\$22,000,000
94	CERTIFICATION PAYMENTS FOR DP-NFS	\$36,000,000	\$36,000,000	\$0
95	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
96	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
98	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$127,500,000	\$127,500,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$655,372,000</b>	<b>\$471,936,000</b>	<b>\$183,436,000</b>
<b><u>OTHER</u></b>				
110	HEALTHY FAMILIES - CDMH	\$24,002,000	\$24,002,000	\$0
111	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$18,105,000	\$9,052,500	\$9,052,500
114	MINOR CONSENT SETTLEMENT	\$9,098,000	\$0	\$9,098,000
116	ANTI-FRAUD BIC CLAIMS REPROCESSING	\$1,169,000	\$584,500	\$584,500
118	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
120	ESTATE RECOVERY REGULATIONS	\$447,010	\$223,510	\$223,500
122	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
124	INDIAN HEALTH SERVICES	\$0	\$5,900,000	-\$5,900,000
125	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0
126	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$48,000,000	\$48,000,000
127	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,400,000	\$12,400,000
128	ANTI-FRAUD EXPANSION FOR FY 2007-08	-\$45,028,440	-\$22,514,220	-\$22,514,220
129	MEDICAL SUPPORT ENHANCEMENTS	-\$1,901,450	-\$950,720	-\$950,720
130	GLAXOSMITHKLINE SETTLEMENT	\$0	\$0	\$0
131	EDS COST CONTAINMENT PROJECTS	-\$2,048,920	-\$1,024,460	-\$1,024,460
132	NEW RECOVERY ACTIVITIES	-\$26,072,550	-\$13,036,280	-\$13,036,280
133	ANTI-FRAUD EXPANSION FOR FY 2005-06	-\$4,127,870	-\$2,063,940	-\$2,063,940

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2007-08**

<b>POLICY CHG. NO.</b>	<b>CATEGORY &amp; TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>STATE FUNDS</b>
	<b>OTHER</b>			
134	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$83,462,530	-\$41,731,260	-\$41,731,260
	<b>OTHER SUBTOTAL</b>	<b>-\$108,820,740</b>	<b>-\$101,958,370</b>	<b>-\$6,862,370</b>
	<b>GRAND TOTAL</b>	<b>\$4,877,242,040</b>	<b>\$3,761,391,850</b>	<b>\$1,115,850,190</b>

## MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2007-08

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b>PROFESSIONAL</b>	\$4,266,257,030	\$2,261,859,160	\$2,004,397,870
PHYSICIANS	\$1,275,814,730	\$621,687,280	\$654,127,460
OTHER MEDICAL	\$2,069,070,910	\$1,057,367,430	\$1,011,703,480
COUNTY OUTPATIENT	\$239,651,170	\$191,106,140	\$48,545,020
COMMUNITY OUTPATIENT	\$681,720,220	\$391,698,320	\$290,021,910
<b>PHARMACY</b>	\$1,955,595,170	\$949,960,170	\$1,005,635,000
<b>HOSPITAL INPATIENT</b>	\$8,108,572,460	\$5,057,950,310	\$3,050,622,160
COUNTY INPATIENT	\$2,493,627,080	\$1,959,177,080	\$534,450,000
COMMUNITY INPATIENT	\$5,614,945,380	\$3,098,773,230	\$2,516,172,160
<b>LONG TERM CARE</b>	\$4,318,522,250	\$2,155,053,450	\$2,163,468,790
NURSING FACILITIES	\$3,887,641,800	\$1,939,994,750	\$1,947,647,040
ICF-DD	\$430,880,450	\$215,058,700	\$215,821,750
<b>OTHER SERVICES</b>	\$1,505,122,500	\$812,995,060	\$692,127,440
MEDICAL TRANSPORTATION	\$161,596,300	\$75,858,300	\$85,738,000
OTHER SERVICES	\$1,164,902,930	\$650,086,350	\$514,816,580
HOME HEALTH	\$178,623,270	\$87,050,410	\$91,572,860
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$20,154,069,410</b>	<b>\$11,237,818,160</b>	<b>\$8,916,251,260</b>
<b>MANAGED CARE</b>	\$6,205,604,040	\$3,051,555,850	\$3,154,048,190
TWO PLAN MODEL	\$3,424,217,510	\$1,682,595,540	\$1,741,621,970
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,852,205,350	\$910,511,260	\$941,694,090
GEOGRAPHIC MANAGED CARE	\$525,061,560	\$258,666,680	\$266,394,880
PHP & OTHER MANAG. CARE	\$404,119,620	\$199,782,370	\$204,337,250
<b>DENTAL</b>	\$613,735,540	\$297,799,860	\$315,935,680
<b>MENTAL HEALTH</b>	\$1,059,745,990	\$1,059,603,550	\$142,450
<b>AUDITS/ LAWSUITS</b>	\$11,963,000	\$932,500	\$11,030,500
<b>EPSDT SCREENS</b>	\$68,686,320	\$35,092,070	\$33,594,250
<b>MEDICARE PAYMENTS</b>	\$3,299,365,000	\$942,384,000	\$2,356,981,000
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$301,015,000	\$301,015,000	\$0
<b>MISC. SERVICES</b>	\$3,220,705,000	\$3,207,713,500	\$12,991,500
<b>RECOVERIES</b>	-\$282,578,320	-\$139,614,160	-\$142,964,160
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$34,652,310,980</b>	<b>\$19,994,300,320</b>	<b>\$14,658,010,660</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

<b>SERVICE CATEGORY</b>	<b>NOV. 2006 EST. FOR 2006-07</b>	<b>NOV. 2006 EST. FOR 2007-08</b>	<b>DOLLAR DIFFERENCE</b>	<b>% CHANGE</b>
<b>PROFESSIONAL</b>	\$3,896,186,270	\$4,266,257,030	\$370,070,760	9.50
PHYSICIANS	\$1,208,330,360	\$1,275,814,730	\$67,484,370	5.58
OTHER MEDICAL	\$1,912,048,990	\$2,069,070,910	\$157,021,910	8.21
COUNTY OUTPATIENT	\$159,322,670	\$239,651,170	\$80,328,500	50.42
COMMUNITY OUTPATIENT	\$616,484,250	\$681,720,220	\$65,235,970	10.58
<b>PHARMACY</b>	\$1,718,230,490	\$1,955,595,170	\$237,364,680	13.81
<b>HOSPITAL INPATIENT</b>	\$7,517,611,780	\$8,108,572,460	\$590,960,680	7.86
COUNTY INPATIENT	\$2,410,858,430	\$2,493,627,080	\$82,768,650	3.43
COMMUNITY INPATIENT	\$5,106,753,350	\$5,614,945,380	\$508,192,040	9.95
<b>LONG TERM CARE</b>	\$4,105,682,610	\$4,318,522,250	\$212,839,630	5.18
NURSING FACILITIES	\$3,689,942,980	\$3,887,641,800	\$197,698,810	5.36
ICF-DD	\$415,739,630	\$430,880,450	\$15,140,820	3.64
<b>OTHER SERVICES</b>	\$1,371,829,770	\$1,505,122,500	\$133,292,740	9.72
MEDICAL TRANSPORTATION	\$152,443,180	\$161,596,300	\$9,153,120	6.00
OTHER SERVICES	\$1,050,014,670	\$1,164,902,930	\$114,888,260	10.94
HOME HEALTH	\$169,371,920	\$178,623,270	\$9,251,350	5.46
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$18,609,540,920</b>	<b>\$20,154,069,410</b>	<b>\$1,544,528,490</b>	<b>8.30</b>
<b>MANAGED CARE</b>	\$5,953,687,520	\$6,205,604,040	\$251,916,520	4.23
TWO PLAN MODEL	\$3,302,340,170	\$3,424,217,510	\$121,877,340	3.69
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,811,264,780	\$1,852,205,350	\$40,940,570	2.26
GEOGRAPHIC MANAGED CARE	\$520,376,600	\$525,061,560	\$4,684,960	0.90
PHP & OTHER MANAG. CARE	\$319,705,970	\$404,119,620	\$84,413,650	26.40
<b>DENTAL</b>	\$558,211,450	\$613,735,540	\$55,524,080	9.95
<b>MENTAL HEALTH</b>	\$1,249,316,990	\$1,059,745,990	-\$189,571,000	-15.17
<b>AUDITS/ LAWSUITS</b>	\$12,561,000	\$11,963,000	-\$598,000	-4.76
<b>EPSDT SCREENS</b>	\$67,289,980	\$68,686,320	\$1,396,340	2.08
<b>MEDICARE PAYMENTS</b>	\$3,167,348,000	\$3,299,365,000	\$132,017,000	4.17
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$307,038,000	\$301,015,000	-\$6,023,000	-1.96
<b>MISC. SERVICES</b>	\$2,964,200,000	\$3,220,705,000	\$256,505,000	8.65
<b>RECOVERIES</b>	-\$272,194,360	-\$282,578,320	-\$10,383,960	3.81
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$32,616,999,500</b>	<b>\$34,652,310,980</b>	<b>\$2,035,311,480</b>	<b>6.24</b>
<b>STATE FUNDS</b>	<b>\$13,706,002,350</b>	<b>\$14,658,010,660</b>	<b>\$952,008,310</b>	<b>6.95</b>



**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2006-07		NOV. 2006 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>ELIGIBILITY</b>						
1	FAMILY PLANNING INITIATIVE	\$446,576,000	\$145,463,500	\$462,177,000	\$150,544,800	\$15,601,000	\$5,081,300
2	BREAST AND CERVICAL CANCER TREATMENT	\$73,147,000	\$32,495,350	\$85,846,000	\$38,108,700	\$12,699,000	\$5,613,350
3	REDETERMINATION FORM SIMPLIFICATION	\$36,504,640	\$18,252,320	\$73,865,000	\$36,932,500	\$37,360,360	\$18,680,180
4	CHDP GATEWAY - PREENROLLMENT	\$17,549,000	\$6,142,150	\$17,549,000	\$6,142,150	\$0	\$0
5	BRIDGE TO HFP	\$7,418,000	\$2,596,300	\$8,104,000	\$2,836,400	\$686,000	\$240,100
6	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$5,000,000	\$2,500,000	\$0	\$0
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SS/SSP GR	\$1,595,010	\$797,500	\$5,154,110	\$2,577,060	\$3,559,110	\$1,779,550
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$1,002,590	\$350,910	\$3,088,780	\$1,081,070	\$2,086,190	\$730,160
9	MEDI-CAL TO HFP ACCELERATED ENROLLMENT	\$322,220	\$112,780	\$6,909,280	\$2,418,250	\$6,587,060	\$2,305,470
10	BCCTP RETROACTIVE COVERAGE	\$256,240	\$89,680	\$789,170	\$276,210	\$532,930	\$186,530
11	SB 437 - SELF-CERTIFICATION	\$0	\$0	\$20,672,260	\$10,336,130	\$20,672,260	\$10,336,130
12	HURRICANE KATRINA SECTION 1115 WAIVER	\$0	-\$505,000	\$0	\$0	\$0	\$505,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$16,581,150	\$0	-\$16,581,150	\$0	\$0
14	REFUGEES	\$0	-\$2,371,000	\$0	-\$2,378,000	\$0	-\$7,000
15	NEW QUALIFIED ALIENS	\$0	\$159,536,500	\$0	\$167,324,500	\$0	\$7,788,000
16	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$589,370,700</b>	<b>\$348,879,840</b>	<b>\$689,154,600</b>	<b>\$402,118,610</b>	<b>\$99,783,900</b>	<b>\$53,238,770</b>
	<b>BENEFITS</b>						
17	ADULT DAY HEALTH CARE - CDA	\$359,821,000	\$179,910,500	\$375,793,000	\$187,896,500	\$15,972,000	\$7,986,000
18	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$153,000,000	\$0	\$175,000,000	\$0	\$22,000,000	\$0
19	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$50,516,000	\$25,258,000	\$0	\$0
20	CONLAN V. BONTA	\$9,814,400	\$4,907,200	\$44,854,880	\$22,427,440	\$35,040,480	\$17,520,240
21	HUMAN PAPILLOMAVIRUS VACCINE	\$3,797,890	\$1,898,950	\$11,278,940	\$5,639,470	\$7,481,050	\$3,740,520
22	PRENATAL SCREENING EXPANSION	\$3,159,650	\$1,579,820	\$9,983,640	\$4,991,820	\$6,823,990	\$3,411,990
23	NF A/B WAIVER GROWTH	\$1,309,260	\$654,630	\$6,592,050	\$3,296,030	\$5,282,790	\$2,641,390

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2006-07		NOV. 2006 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>BENEFITS</b>						
24	DENTAL RESTORATION DOCUMENTATION REQUIREME	\$1,001,000	\$500,500	\$2,002,000	\$1,001,000	\$1,001,000	\$500,500
25	GENETIC DISEASE TESTING FEE INCREASE	\$940,820	\$470,410	\$3,054,830	\$1,527,420	\$2,114,020	\$1,057,010
26	FLUORIDE VARNISH	\$920,000	\$460,000	\$3,936,000	\$1,968,000	\$3,016,000	\$1,508,000
27	ELIMINATION OF PODIATRY TARS	\$119,850	\$59,930	\$199,400	\$99,700	\$79,550	\$39,780
28	NEW SERVICES FOR NF A/B, SUBACUTE & IHMC WAIVE	\$67,090	\$33,540	\$327,300	\$163,650	\$260,210	\$130,100
29	DENTAL HEALTH FOR CHILDREN	\$0	\$0	\$1,550,000	\$775,000	\$1,550,000	\$775,000
30	INDEP. PLUS SELF-DIR. SERV. WAIVER - CDDS	\$0	\$0	\$634,000	\$0	\$634,000	\$0
31	NEWBORN HEARING SCREENS EXPANSION	\$0	\$0	\$296,560	\$148,280	\$296,560	\$148,280
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$2,500,000	\$0	\$2,500,000	\$0	\$0
33	CLPP FUNDING FOR EPSDT LEAD SCREENS	\$0	\$0	\$0	\$0	\$0	\$0
34	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$112,063,900	\$0	-\$97,189,950	\$0	\$14,873,950
35	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$5,362,500	\$0	\$5,362,500	\$0	\$0
36	ADULT DAY HEALTH CARE REFORMS	\$0	\$0	-\$5,023,000	-\$2,511,500	-\$5,023,000	-\$2,511,500
37	EXPANSION OF NF A/B WAIVER (SB 643)	-\$140,000	-\$70,000	-\$863,000	-\$431,500	-\$723,000	-\$361,500
38	\$1800 DENTAL CAP FOR ADULTS	-\$2,292,000	-\$1,146,000	-\$2,500,000	-\$1,250,000	-\$208,000	-\$104,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$582,034,960</b>	<b>\$110,316,080</b>	<b>\$677,632,590</b>	<b>\$161,671,850</b>	<b>\$95,597,640</b>	<b>\$51,355,770</b>
	<b>PHARMACY</b>						
39	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	\$4,224,500	\$0	\$570,000	\$0	-\$3,654,500
40	NON FFP DRUGS	\$0	\$938,000	\$0	\$268,000	\$0	-\$670,000
41	DRUG REIMBURSEMENT REDUCTION	\$0	\$0	-\$88,000,320	-\$44,000,160	-\$88,000,320	-\$44,000,160
42	MEDICAL SUPPLY CONTRACTING	-\$6,763,320	-\$3,381,660	-\$8,730,390	-\$4,365,190	-\$1,967,070	-\$983,530
43	ENTERAL NUTRITION PRODUCTS	-\$7,006,500	-\$3,503,250	-\$11,475,850	-\$5,737,930	-\$4,469,350	-\$2,234,680
44	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$78,942,110	-\$39,471,050	-\$79,700,000	-\$39,850,000	-\$757,900	-\$378,950
45	AGED DRUG REBATE RESOLUTION	-\$12,000,000	-\$6,000,000	-\$8,000,000	-\$4,000,000	\$4,000,000	\$2,000,000
46	FAMILY PACT DRUG REBATES	-\$30,207,000	-\$12,214,900	-\$32,690,000	-\$13,219,000	-\$2,483,000	-\$1,004,100

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2006-07		NOV. 2006 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>PHARMACY</b>						
47	STATE SUPPLEMENTAL DRUG REBATES	-\$357,390,000	-\$178,139,000	-\$380,809,000	-\$189,812,100	-\$23,419,000	-\$11,673,100
48	FEDERAL DRUG REBATE PROGRAM	-\$768,626,000	-\$383,117,000	-\$818,992,000	-\$408,221,600	-\$50,366,000	-\$25,104,600
	<b>PHARMACY SUBTOTAL</b>	<b>-\$1,260,934,920</b>	<b>-\$620,664,360</b>	<b>-\$1,428,397,560</b>	<b>-\$708,367,980</b>	<b>-\$167,462,630</b>	<b>-\$87,703,620</b>
	<b>MANAGED CARE</b>						
52	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$161,000,000	\$82,500,000	\$161,000,000	\$82,500,000	\$0	\$0
55	RESTORATION OF PROVIDER PAYMENT DECREASE	\$66,415,000	\$33,207,500	\$132,986,000	\$66,493,000	\$66,571,000	\$33,285,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$5,000,000	\$2,500,000	\$5,500,000	\$2,750,000	\$500,000	\$250,000
61	PACE RATES AT 90% OF UPL	\$3,348,000	\$1,674,000	\$4,355,000	\$2,177,500	\$1,007,000	\$503,500
62	CAPITATION RATE INCREASES	\$2,860,000	\$1,430,000	\$2,220,000	\$1,110,000	-\$640,000	-\$320,000
63	QUALITY IMPROVEMENT ASSESSMENT FEE	\$2,483,000	\$1,241,500	\$2,589,000	\$1,294,500	\$106,000	\$53,000
64	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$241,106,000</b>	<b>\$122,553,000</b>	<b>\$308,650,000</b>	<b>\$156,325,000</b>	<b>\$67,544,000</b>	<b>\$33,772,000</b>
	<b>PROVIDER RATES</b>						
65	NF-B RATE CHANGES AND QA FEE	\$139,065,370	\$69,532,680	\$332,099,780	\$166,049,890	\$193,034,410	\$96,517,200
66	LTC RATE ADJUSTMENT	\$51,481,690	\$25,740,840	\$119,947,240	\$59,973,620	\$68,465,550	\$34,232,780
67	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$38,361,780	\$19,180,890	\$41,052,250	\$20,526,120	\$2,690,470	\$1,345,230
68	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$14,883,000	\$7,441,500	\$26,577,000	\$13,288,500	\$11,694,000	\$5,847,000
69	DME REIMBURSEMENT CHANGES	\$4,524,000	\$2,262,000	\$5,067,000	\$2,533,500	\$543,000	\$271,500
70	HOSPICE RATE INCREASES	\$4,405,590	\$2,202,800	\$11,276,640	\$5,638,320	\$6,871,050	\$3,435,530
71	MINIMUM WAGE INCREASE FOR LTC FACILITIES	\$2,530,690	\$1,265,340	\$8,650,860	\$4,325,430	\$6,120,170	\$3,060,090
72	NF A/B WAIVER CAP INCREASE	\$0	\$0	\$9,295,180	\$4,647,590	\$9,295,180	\$4,647,590
73	NF-B 2007-08 RATE CAP ADJUSTMENT	\$0	\$0	-\$28,837,920	-\$14,418,960	-\$28,837,920	-\$14,418,960
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$255,252,110</b>	<b>\$127,626,060</b>	<b>\$525,128,030</b>	<b>\$262,564,010</b>	<b>\$269,875,910</b>	<b>\$134,937,960</b>
	<b>HOSPITAL FINANCING</b>						
74	HOSP FINANCING - DSH PMT	\$1,613,654,000	\$582,942,000	\$1,619,443,000	\$586,862,000	\$5,789,000	\$3,920,000

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2006-07		NOV. 2006 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b><u>HOSPITAL FINANCING</u></b>						
75	HOSP FINANCING - SAFETY NET CARE POOL	\$593,848,000	\$0	\$518,800,000	\$0	-\$75,048,000	\$0
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$477,742,000	\$238,871,000	\$464,000,000	\$232,000,000	-\$13,742,000	-\$6,871,000
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$318,696,000	\$159,348,000	\$292,936,000	\$146,468,000	-\$25,760,000	-\$12,880,000
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN	\$98,767,000	\$0	\$56,093,000	\$0	-\$42,674,000	\$0
79	HOSP FINANCING - CCS AND GHPP	\$72,581,000	\$0	\$72,784,000	\$0	\$203,000	\$0
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$57,696,000	\$28,848,000	\$29,212,000	\$14,606,000	-\$28,484,000	-\$14,242,000
81	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$5,427,200	\$0	\$8,480,000	\$0	\$3,052,800	\$0
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,998,000	\$1,999,000	\$3,898,000	\$1,949,000	-\$100,000	-\$50,000
83	HOSP FINANCING - HEALTH CARE COVERAGE	\$0	\$0	\$150,000,000	\$0	\$150,000,000	\$0
84	HOSP FINANCING - DPH INTERIM RECONCILIATION	\$0	\$0	\$147,736,000	\$0	\$147,736,000	\$0
85	HOSP FINANCING - STABILIZATION FUNDING	\$0	\$0	\$138,000,000	\$69,000,000	\$138,000,000	\$69,000,000
86	HOSP FINANCING - BCCTP	\$0	-\$291,000	\$0	\$0	\$0	\$291,000
87	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	-\$420,586,000	\$0	-\$414,490,500	\$0	\$6,095,500
88	HOSP FINANCING - MIA LTC	\$0	-\$7,328,000	\$0	\$0	\$0	\$7,328,000
89	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	-\$30,528,000	\$0	\$0	\$30,528,000	\$30,528,000
	<b>HOSPITAL FINANCING SUBTOTAL</b>	<b>\$3,211,881,200</b>	<b>\$553,275,000</b>	<b>\$3,501,382,000</b>	<b>\$636,394,500</b>	<b>\$289,500,800</b>	<b>\$83,119,500</b>
	<b><u>SUPPLEMENTAL PMNTS.</u></b>						
90	CAPITAL PROJECT DEBT REIMBURSEMENT	\$133,691,000	\$66,845,500	\$104,872,000	\$52,436,000	-\$28,819,000	-\$14,409,500
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$120,000,000	\$0	\$125,000,000	\$0	\$5,000,000	\$0
92	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$200,000,000	\$100,000,000	\$100,000,000	\$50,000,000
93	FFP FOR LOCAL TRAUMA CENTERS	\$65,000,000	\$32,500,000	\$44,000,000	\$22,000,000	-\$21,000,000	-\$10,500,000
94	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,000,000	\$0	\$36,000,000	\$0	-\$1,000,000	\$0
95	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
96	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
97	DSH PAYMENTS	\$2,209,000	\$1,104,500	\$0	\$0	-\$2,209,000	-\$1,104,500

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2006-07 AND 2007-08**

NO.	POLICY CHANGE TITLE	NOV. 2006 EST. FOR 2006-07		NOV. 2006 EST. FOR 2007-08		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>SUPPLEMENTAL PMNTS.</b>						
98	FREESTANDING CLINICS & VETERANS' HOMES SUPPL.	\$0	\$0	\$127,500,000	\$0	\$127,500,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$475,900,000</b>	<b>\$159,450,000</b>	<b>\$655,372,000</b>	<b>\$183,436,000</b>	<b>\$179,472,000</b>	<b>\$23,986,000</b>
	<b>OTHER</b>						
110	HEALTHY FAMILIES - CDMH	\$40,394,000	\$0	\$24,002,000	\$0	-\$16,392,000	\$0
111	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$14,682,000	\$7,341,000	\$18,105,000	\$9,052,500	\$3,423,000	\$1,711,500
114	MINOR CONSENT SETTLEMENT	\$9,467,000	\$9,467,000	\$9,098,000	\$9,098,000	-\$369,000	-\$369,000
116	ANTI-FRAUD BIC CLAIMS REPROCESSING	\$7,084,000	\$3,542,000	\$1,169,000	\$584,500	-\$5,915,000	-\$2,957,500
118	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
120	ESTATE RECOVERY REGULATIONS	\$691,000	\$345,500	\$691,000	\$345,500	\$0	\$0
121	FFP REPAYMENT-SPECIALTY MENTAL HEALTH	\$0	\$1,900,000	\$0	\$0	\$0	-\$1,900,000
122	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
124	INDIAN HEALTH SERVICES	\$0	-\$5,900,000	\$0	-\$5,900,000	\$0	\$0
125	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0	\$0	\$0	\$0
126	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$36,000,000	\$0	\$48,000,000	\$0	\$12,000,000
127	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$11,900,000	\$0	\$12,400,000	\$0	\$500,000
128	ANTI-FRAUD EXPANSION FOR FY 2007-08	\$0	\$0	-\$45,028,440	-\$22,514,220	-\$45,028,440	-\$22,514,220
129	MEDICAL SUPPORT ENHANCEMENTS	-\$1,006,460	-\$503,230	-\$1,901,450	-\$950,720	-\$894,990	-\$447,490
130	GLAXOSMITHKLINE SETTLEMENT	-\$1,239,000	-\$1,239,000	\$0	\$0	\$1,239,000	\$1,239,000
131	EDS COST CONTAINMENT PROJECTS	-\$2,261,600	-\$1,130,800	-\$2,895,590	-\$1,447,790	-\$633,990	-\$317,000
132	NEW RECOVERY ACTIVITIES	-\$19,488,630	-\$9,744,310	-\$27,900,000	-\$13,950,000	-\$8,411,370	-\$4,205,690
133	ANTI-FRAUD EXPANSION FOR FY 2005-06	-\$125,087,000	-\$62,543,500	-\$125,087,000	-\$62,543,500	\$0	\$0
134	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$45,039,690	-\$22,519,850	-\$97,253,000	-\$48,626,500	-\$52,213,310	-\$26,106,660
	<b>OTHER SUBTOTAL</b>	<b>-\$120,804,370</b>	<b>-\$32,085,190</b>	<b>-\$246,000,470</b>	<b>-\$75,452,240</b>	<b>-\$125,196,100</b>	<b>-\$43,367,050</b>
	<b>GRAND TOTAL</b>	<b>\$3,973,805,670</b>	<b>\$769,350,430</b>	<b>\$4,682,921,190</b>	<b>\$1,018,689,760</b>	<b>\$709,115,510</b>	<b>\$249,339,330</b>

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>PA-AB</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>LT-AB</b>
PHYSICIANS	\$37,385,540	\$8,854,450	\$354,740,680	\$69,547,780	\$7,535,530	\$110,520
OTHER MEDICAL	\$71,229,110	\$15,862,650	\$491,675,520	\$181,460,310	\$7,089,330	\$351,300
COUNTY OUTPATIENT	\$2,010,890	\$1,153,410	\$49,149,290	\$9,382,520	\$219,560	\$120
COMMUNITY OUTPATIENT	\$23,279,510	\$4,563,580	\$232,491,850	\$41,878,720	\$1,181,240	\$16,060
PHARMACY	\$69,153,710	\$20,663,040	\$1,155,290,130	\$85,866,570	\$20,280,280	\$241,600
COUNTY INPATIENT	\$8,077,410	\$2,094,560	\$143,482,840	\$26,363,830	\$1,885,730	\$110
COMMUNITY INPATIENT	\$182,154,100	\$27,082,700	\$1,028,834,640	\$224,870,140	\$21,142,680	\$206,200
NURSING FACILITIES	\$406,186,820	\$27,879,940	\$667,373,290	\$1,996,140	\$1,881,462,240	\$7,789,490
ICF-DD	\$340,890	\$10,690,600	\$192,434,170	\$858,560	\$18,011,810	\$3,559,830
MEDICAL TRANSPORTATION	\$17,594,270	\$6,185,560	\$70,235,420	\$5,040,030	\$4,946,040	\$156,700
OTHER SERVICES	\$158,804,430	\$13,956,110	\$528,731,030	\$43,310,020	\$69,063,280	\$373,480
HOME HEALTH	\$89,750	\$13,736,430	\$90,050,160	\$3,777,320	\$2,620	\$0
<b>FFS SUBTOTAL</b>	<b>\$976,306,430</b>	<b>\$152,723,040</b>	<b>\$5,004,489,030</b>	<b>\$694,351,930</b>	<b>\$2,032,820,350</b>	<b>\$12,805,400</b>
DENTAL	\$37,167,550	\$2,300,980	\$85,488,210	\$119,820,780	\$4,497,380	\$19,020
TWO PLAN MODEL	\$22,914,550	\$6,442,700	\$494,915,080	\$890,164,820	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$121,148,710	\$13,046,740	\$475,923,820	\$177,238,110	\$269,303,570	\$669,860
GEOGRAPHIC MANAGED CARE	\$6,271,620	\$1,771,850	\$121,159,680	\$156,799,230	\$0	\$0
PHP & OTHER MANAG. CARE	\$79,826,080	\$5,039,850	\$206,710,190	\$10,418,260	\$0	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$17,647,290	\$0	\$0
MEDICARE PAYMENTS	\$1,055,763,840	\$56,968,130	\$1,573,409,330	\$0	\$142,273,370	\$1,858,640
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,027,390	\$1,912,870	\$76,929,500	\$4,597,300	\$4,199,280	\$750,730
MISC. SERVICES	\$479,753,540	\$29,700,780	\$1,944,045,610	\$1,337,380	\$510	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$1,803,873,280</b>	<b>\$117,183,900</b>	<b>\$4,978,581,420</b>	<b>\$1,378,023,170</b>	<b>\$420,274,110</b>	<b>\$3,298,250</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$2,780,179,710</b>	<b>\$269,906,940</b>	<b>\$9,983,070,450</b>	<b>\$2,072,375,100</b>	<b>\$2,453,094,460</b>	<b>\$16,103,660</b>
<b>ELIGIBLES ***</b>	<b>394,900</b>	<b>23,900</b>	<b>915,900</b>	<b>1,211,300</b>	<b>47,300</b>	<b>200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$7,040</b>	<b>\$11,293</b>	<b>\$10,900</b>	<b>\$1,711</b>	<b>\$51,862</b>	<b>\$80,518</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$587</b>	<b>\$941</b>	<b>\$908</b>	<b>\$143</b>	<b>\$4,322</b>	<b>\$6,710</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 32. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>MN-OAS</b>	<b>MN-AB</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>	<b>MI-C</b>
PHYSICIANS	\$7,612,340	\$59,849,430	\$574,530	\$62,622,610	\$330,038,700	\$36,322,690
OTHER MEDICAL	\$5,931,660	\$84,047,590	\$2,052,640	\$110,410,880	\$460,245,060	\$77,658,640
COUNTY OUTPATIENT	\$609,970	\$9,510,200	\$131,650	\$18,744,810	\$42,087,910	\$4,640,010
COMMUNITY OUTPATIENT	\$1,249,580	\$25,146,640	\$138,990	\$31,834,940	\$130,952,990	\$16,601,520
PHARMACY	\$20,639,070	\$104,950,120	\$735,800	\$107,068,310	\$166,521,650	\$38,215,960
COUNTY INPATIENT	\$15,679,730	\$22,356,690	\$516,550	\$134,909,110	\$244,091,890	\$18,945,310
COMMUNITY INPATIENT	\$37,283,250	\$127,373,880	\$1,785,090	\$275,921,440	\$1,287,599,930	\$111,040,110
NURSING FACILITIES	\$456,889,120	\$221,030,240	\$1,394,670	\$70,623,820	\$21,356,210	\$9,100,670
ICF-DD	\$189,010,370	\$10,330	\$0	\$8,171,640	\$531,270	\$2,704,430
MEDICAL TRANSPORTATION	\$2,580,940	\$13,844,530	\$477,970	\$17,921,520	\$13,196,790	\$1,890,250
OTHER SERVICES	\$12,440,000	\$110,623,870	\$318,500	\$77,088,250	\$109,250,350	\$16,134,570
HOME HEALTH	\$39,370	\$825,580	\$12,450	\$51,322,610	\$8,251,180	\$6,527,840
<b>FFS SUBTOTAL</b>	<b>\$749,965,390</b>	<b>\$779,569,110</b>	<b>\$8,138,830</b>	<b>\$966,639,930</b>	<b>\$2,814,123,920</b>	<b>\$339,782,020</b>
DENTAL	\$1,407,210	\$21,165,560	\$57,360	\$11,443,170	\$286,164,940	\$23,519,580
TWO PLAN MODEL	\$0	\$22,827,050	\$181,740	\$29,892,450	\$1,776,142,620	\$36,852,670
COUNTY ORGANIZED HEALTH SYSTEMS	\$104,105,690	\$69,958,130	\$229,370	\$71,337,810	\$466,643,710	\$20,314,720
GEOGRAPHIC MANAGED CARE	\$0	\$3,776,590	\$0	\$6,785,670	\$191,992,530	\$6,419,270
PHP & OTHER MANAG. CARE	\$0	\$45,550,680	\$124,840	\$27,459,320	\$24,091,230	\$2,044,180
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$41,280,320	\$3,302,310
MEDICARE PAYMENTS	\$34,425,760	\$253,332,310	\$1,977,980	\$165,989,310	\$13,366,330	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$197,384,760	\$86,590	\$230,900	\$1,682,890	\$5,190,440	\$2,971,120
MISC. SERVICES	\$160	\$271,725,340	\$736,380	\$258,816,880	\$3,164,410	\$261,100
<b>NON-FFS SUBTOTAL</b>	<b>\$337,323,590</b>	<b>\$688,422,240</b>	<b>\$3,538,580</b>	<b>\$573,407,490</b>	<b>\$2,808,036,530</b>	<b>\$95,684,940</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$1,087,288,980</b>	<b>\$1,467,991,350</b>	<b>\$11,677,400</b>	<b>\$1,540,047,420</b>	<b>\$5,622,160,450</b>	<b>\$435,466,970</b>
<b>ELIGIBLES ***</b>	<b>14,700</b>	<b>230,600</b>	<b>600</b>	<b>119,400</b>	<b>3,018,700</b>	<b>245,500</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$73,965</b>	<b>\$6,366</b>	<b>\$19,462</b>	<b>\$12,898</b>	<b>\$1,862</b>	<b>\$1,774</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$6,164</b>	<b>\$530</b>	<b>\$1,622</b>	<b>\$1,075</b>	<b>\$155</b>	<b>\$148</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 32. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>	<b>POV 100</b>
PHYSICIANS	\$4,355,990	\$552,630	\$32,236,210	\$185,177,310	\$4,030,330	\$4,307,260
OTHER MEDICAL	\$3,661,930	\$798,080	\$40,735,380	\$193,169,460	\$16,224,710	\$7,097,320
COUNTY OUTPATIENT	\$739,660	\$225,480	\$6,341,250	\$13,280,910	\$760,190	\$548,080
COMMUNITY OUTPATIENT	\$1,526,420	\$147,790	\$9,156,190	\$32,226,380	\$3,026,680	\$2,697,740
PHARMACY	\$3,465,440	\$515,390	\$13,025,900	\$16,575,550	\$3,225,940	\$2,868,200
COUNTY INPATIENT	\$3,144,560	\$43,680	\$55,715,280	\$57,661,010	\$801,810	\$1,312,350
COMMUNITY INPATIENT	\$13,863,100	\$433,680	\$114,307,380	\$395,380,640	\$8,559,520	\$12,973,850
NURSING FACILITIES	\$44,424,480	\$0	\$18,651,430	\$0	\$0	\$0
ICF-DD	\$2,013,410	\$0	\$686,890	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$359,540	\$17,250	\$3,535,470	\$1,879,650	\$237,210	\$239,260
OTHER SERVICES	\$1,160,290	\$58,250	\$2,221,380	\$7,489,080	\$3,827,950	\$4,072,120
HOME HEALTH	\$33,520	\$520	\$148,540	\$847,930	\$468,460	\$1,224,070
<b>FFS SUBTOTAL</b>	<b>\$78,748,350</b>	<b>\$2,792,750</b>	<b>\$296,761,300</b>	<b>\$903,687,910</b>	<b>\$41,162,800</b>	<b>\$37,340,240</b>
DENTAL	\$418,360	\$777,800	\$106,140	\$156,470	\$7,715,410	\$9,241,040
TWO PLAN MODEL	\$2,277,300	\$824,990	\$0	\$28,296,190	\$59,577,360	\$48,847,890
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,004,190	\$295,550	\$4,023,760	\$15,069,860	\$22,255,740	\$14,882,420
GEOGRAPHIC MANAGED CARE	\$298,330	\$108,070	\$0	\$8,104,920	\$12,355,970	\$8,624,170
PHP & OTHER MANAG. CARE	\$31,850	\$0	\$0	\$1,378,540	\$775,430	\$643,270
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,500,310	\$1,114,360
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$151,000	\$31,900	\$307,880	\$385,560	\$0	\$3,174,880
MISC. SERVICES	\$3,730	\$0	\$0	\$166,850	\$23,720	\$18,600
<b>NON-FFS SUBTOTAL</b>	<b>\$7,184,760</b>	<b>\$2,038,310</b>	<b>\$4,437,780</b>	<b>\$53,558,400</b>	<b>\$104,203,940</b>	<b>\$86,546,640</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$85,933,110</b>	<b>\$4,831,060</b>	<b>\$301,199,090</b>	<b>\$957,246,300</b>	<b>\$145,366,740</b>	<b>\$123,886,880</b>
<b>ELIGIBLES ***</b>	<b>4,000</b>	<b>1,900</b>	<b>73,400</b>	<b>202,600</b>	<b>110,300</b>	<b>86,300</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$21,483</b>	<b>\$2,543</b>	<b>\$4,104</b>	<b>\$4,725</b>	<b>\$1,318</b>	<b>\$1,436</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$1,790</b>	<b>\$212</b>	<b>\$342</b>	<b>\$394</b>	<b>\$110</b>	<b>\$120</b>

(1) Does not include Audits &amp; Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 32. Refer to page following report for listing.**



**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$1,205,854,530
OTHER MEDICAL	\$1,769,701,550
COUNTY OUTPATIENT	\$159,535,930
COMMUNITY OUTPATIENT	\$558,116,820
PHARMACY	\$1,829,302,660
COUNTY INPATIENT	\$737,082,450
COMMUNITY INPATIENT	\$3,870,812,310
NURSING FACILITIES	\$3,836,158,550
ICF-DD	\$429,024,220
MEDICAL TRANSPORTATION	\$160,338,410
OTHER SERVICES	\$1,158,922,970
HOME HEALTH	\$177,358,340
<b>FFS SUBTOTAL</b>	<b>\$15,892,208,740</b>
DENTAL	\$611,466,970
TWO PLAN MODEL	\$3,420,157,410
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,850,451,750
GEOGRAPHIC MANAGED CARE	\$524,467,900
PHP & OTHER MANAG. CARE	\$404,093,710
EPSDT SCREENS	\$64,844,600
MEDICARE PAYMENTS	\$3,299,365,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$301,015,000
MISC. SERVICES	\$2,989,755,000
<b>NON-FFS SUBTOTAL</b>	<b>\$13,465,617,330</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$29,357,826,070</b>
<b>ELIGIBLES ***</b>	<b>6,701,500</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$4,381</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$365</b>

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

**Excluded policy changes: 32. Refer to page following report for listing.**

**FISCAL YEAR 2007-08 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE**

EXCLUDED POLICY CHANGES: 32

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
4	CHDP GATEWAY - PREENROLLMENT
5	BRIDGE TO HFP
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS
9	MEDI-CAL TO HFP ACCELERATED ENROLLMENT
10	BCCTP RETROACTIVE COVERAGE
12	HURRICANE KATRINA SECTION 1115 WAIVER
35	CDSS SHARE OF COST PAYMENT FOR IHSS
46	FAMILY PACT DRUG REBATES
74	HOSP FINANCING - DSH PMT
75	HOSP FINANCING - SAFETY NET CARE POOL
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN
79	HOSP FINANCING - CCS AND GHPP
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
83	HOSP FINANCING - HEALTH CARE COVERAGE
85	HOSP FINANCING - STABILIZATION FUNDING
87	BASE ADJUSTMENT - DPH INTERIM RATE
90	CAPITAL PROJECT DEBT REIMBURSEMENT
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
92	IGT FOR NON-SB 1100 HOSPITALS
93	FFP FOR LOCAL TRAUMA CENTERS
94	CERTIFICATION PAYMENTS FOR DP-NFS
95	DSH OUTPATIENT PAYMENT METHOD CHANGE
96	SRH OUTPATIENT PAYMENT METHOD CHANGE
97	DSH PAYMENTS
109	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
110	HEALTHY FAMILIES - CDMH
114	MINOR CONSENT SETTLEMENT

### ESTIMATED COST OF 1% RATE INCREASE FISCAL YEAR 2007-08

SERVICE CATEGORY	ESTIMATE WITHOUT RATE INCREASE	ADJUSTMENT FACTOR (1)	FULL YEAR COST FOR EACH 1% RATE INCREASE		ASSUMING AUG. 2007 IMPLEMENTATION			
			TOTAL	STATE	11 MONTH ADJUSTMENT	PAYMENT LAG (2)	LAGGED COST FOR EACH 1% RATE INCREASE	
							TOTAL	STATE
PHYSICIANS	\$1,205,854,530	0.9660	\$11,648,550	\$6,098,240	0.9167	0.7910	\$8,445,980	\$4,421,640
OTHER MEDICAL	\$1,769,701,550	0.9760	\$17,272,290	\$8,921,160	0.9167	0.8364	\$13,243,390	\$6,840,230
COUNTY OUTPATIENT	\$159,535,930	0.9600	\$1,531,540	\$408,110	0.9167	0.7836	\$1,100,130	\$293,150
COMMUNITY OUTPATIENT	\$558,116,820	0.9100	\$5,078,860	\$2,362,690	0.9167	0.7972	\$3,711,650	\$1,726,660
PHARMACY	\$1,829,302,660	0.0793	\$1,451,370	\$768,840	0.9167	0.9404	\$1,251,090	\$662,740
COUNTY INPATIENT	\$737,082,450	1.0000	N/A	N/A	0.9167	0.6400	N/A	N/A
COMMUNITY INPATIENT	\$3,870,812,310	1.0000	N/A	N/A	0.9167	0.7609	N/A	N/A
NURSING FACILITIES	\$3,836,158,550	1.1578	\$44,414,660	\$22,549,660	0.9167	0.8840	\$35,990,030	\$18,272,410
ICF-DD	\$429,024,220	1.1578	\$4,967,200	\$2,498,760	0.9167	0.8839	\$4,024,700	\$2,024,640
MEDICAL TRANSPORTATION	\$160,338,410	0.9660	\$1,548,870	\$824,740	0.9167	0.8270	\$1,174,240	\$625,260
OTHER SERVICES	\$1,158,922,970	0.9540	\$11,056,130	\$4,899,270	0.9167	0.8353	\$8,465,440	\$3,751,270
HOME HEALTH	\$177,358,340	0.9800	\$1,738,110	\$893,430	0.9167	0.8120	\$1,293,790	\$665,040
DENTAL	\$611,466,970	0.9990	\$6,108,560	\$3,146,220	0.9167	1.0000	\$5,599,510	\$2,884,030
MENTAL HEALTH	\$1,035,337,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
TWO PLAN MODEL	\$3,420,157,410	1.0000	\$34,201,570	\$17,399,990	0.9167	1.0000	\$31,351,440	\$15,949,990
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,850,451,750	1.0000	\$18,504,520	\$9,405,020	0.9167	1.0000	\$16,962,470	\$8,621,270
GEOGRAPHIC MANAGED CARE	\$524,467,900	1.0000	\$5,244,680	\$2,661,460	0.9167	1.0000	\$4,807,620	\$2,439,670
PHP & OTHER MANAG. CARE	\$404,093,710	1.0000	\$4,040,940	\$2,040,280	0.9167	1.0000	\$3,704,190	\$1,870,260
AUDITS/ LAWSUITS	\$2,865,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
EPSDT SCREENS	\$64,844,600	1.0000	\$648,450	\$322,500	0.9167	1.0000	\$594,410	\$295,620
MEDICARE PAYMENTS (4)	\$3,299,365,000	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
STATE HOSP./DEVELOPMENTAL CNTRS.	\$301,015,000	0.9782	\$2,944,500	\$0	0.9167	1.0000	\$2,699,120	\$0
MISC. SERVICES	\$2,989,755,000	1.0000	\$29,897,550	\$129,910	0.9167	1.0000	\$27,406,090	\$119,090
RECOVERIES	-\$282,578,320	1.0000	N/A	N/A	0.9167	1.0000	N/A	N/A
<b>TOTAL</b>	<b>\$30,113,449,760</b>		<b>\$202,298,340</b>	<b>\$85,330,290</b> (3)			<b>\$171,825,300</b>	<b>\$71,462,970</b>

(1) Reflects adjustment for services not affected by rate increases due to Medicare crossover and unlisted procedures.  
 Adjustment factor for Dental services due primarily to prior year reconciliations.  
 Adjustment factor for SNF & ICF services compensates for the impact of shares of cost on average payments.  
 Adjustment factor for Pharmacy includes an adjustment for the dispensing fee only.

(2) Reflects adjustment for the lag between actual rendering of service and payment for that service.

(3) Excludes service categories noted above with N/A and all policy changes excluded from Cost/Eligible report.

(4) Medicare Payments cost increase included as base adjustment.